

<i>SERFF Tracking Number:</i>	<i>UNON-125757654</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>## \$50</i>
<i>Company Tracking Number:</i>	<i>08-IL-FM-3</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>2008 IL Form Filing</i>		
<i>Project Name/Number:</i>	<i>11-08 AR IL Form Filing/</i>		

Filing at a Glance

Companies: Acadia Insurance Company, Continental Western Insurance Company, Union Insurance Company

Product Name: 2008 IL Form Filing

SERFF Tr Num: UNON-125757654 State: Arkansas

TOI: 35.0 Interline Filings

SERFF Status: Closed

State Tr Num: ## \$50

Sub-TOI: 35.0002 Commercial Interline Filings

Co Tr Num: 08-IL-FM-3

State Status: Fees verified

Filing Type: Form

Co Status:

Reviewer(s): Betty Montesi,
Llyweyia Rawlins

Authors: Frances Linker, Tamara
Manuel

Disposition Date: 08/11/2008

Date Submitted: 08/11/2008

Disposition Status: Approved

Effective Date Requested (New): 11/01/2008

Effective Date (New): 11/01/2008

Effective Date Requested (Renewal): 11/01/2008

Effective Date (Renewal):
11/01/2008

State Filing Description:

General Information

Project Name: 11-08 AR IL Form Filing

Status of Filing in Domicile:

Project Number:

Domicile Status Comments:

Reference Organization: ISO

Reference Number: CL-2006-OLOB1

Reference Title: Interline

Advisory Org. Circular:

Filing Status Changed: 08/11/2008

State Status Changed: 08/11/2008

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose to adopt the Insurance Services Office Reference Document Number CL-2006-OLOB1 for all policies effective November 1, 2008.

This filing applies to the following lines of business: Commercial Automobile, Commercial Inland Marine, Commercial Crime, Farm, Commercial General Liability and Commercial Property.

SERFF Tracking Number:	UNON-125757654	State:	Arkansas
First Filing Company:	Acadia Insurance Company, ...	State Tracking Number:	#? \$50
Company Tracking Number:	08-IL-FM-3		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	2008 IL Form Filing		
Project Name/Number:	11-08 AR IL Form Filing/		

Our check for \$50 will be mailed shortly.

If you have any questions, please call me at 800-444-0049, extension 2843. My fax number is 972-719-2348 or my email address is tmanuel@usic.com

Company and Contact

Filing Contact Information

Frances Linker, Compliance Analyst
P. O. Box 152180
Irving, TX 75015-2180

flinker@usic.com
(972) 719-2400 [Phone]
(972) 719-2301[FAX]

Filing Company Information

Acadia Insurance Company
P. O. Box 152180
Irving, TX 75015-2180
(972) 719-2465 ext. [Phone]

CoCode: 31325
Group Code: 98
Group Name: W. R. Berkley
FEIN Number: 01-0471706

State of Domicile: New Hampshire
Company Type: P & C
State ID Number:

Continental Western Insurance Company
P. O. Box 152180
Irving, TX 75015-2180
(972) 719-2400 ext. 2465[Phone]

CoCode: 10804
Group Code: 98
Group Name: W. R. Berkley
FEIN Number: 42-0594770

State of Domicile: Iowa
Company Type: P & C
State ID Number:

Union Insurance Company
122 W. Carpenter Freeway
Suite 350
Irving, TX 75039
(972) 719-2400 ext. 2465[Phone]

CoCode: 25844
Group Code: 98
Group Name: W. R. Berkle
FEIN Number: 47-0547953

State of Domicile: Iowa
Company Type: P&C
State ID Number:

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No

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<i>Product Name:</i>	<i>2008 IL Form Filing</i>		
<i>Project Name/Number:</i>	<i>11-08 AR IL Form Filing/</i>		
Fee Explanation:			
Per Company:	No		

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Company Tracking Number:	08-IL-FM-3		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	2008 IL Form Filing		
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COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Acadia Insurance Company	\$0.00		
Continental Western Insurance Company	\$0.00		
Union Insurance Company	\$0.00		

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
0010034373	\$50.00	08/08/2008

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<i>Product Name:</i>	<i>2008 IL Form Filing</i>		
<i>Project Name/Number:</i>	<i>11-08 AR IL Form Filing/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/11/2008	08/11/2008

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Disposition

Disposition Date: 08/11/2008

Effective Date (New): 11/01/2008

Effective Date (Renewal): 11/01/2008

Status: Approved

Comment: adopt the Insurance Services Office Reference Document Number CL-2006-OLOB1 for all policies effective November 1, 2008.

This filing is approved contingent on receiving the filing fees the company indicates in the filing that they have sent.

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>UNON-125757654</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Acadia Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>#? \$50</i>
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Rate Information

Rate data does NOT apply to filing.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status:	Approved	08/11/2008
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Comments:

Attachments:

11-08 IL Form Filing Trans.pdf
11-08 IL Form Filing Trans2.pdf

Property & Casualty Transmittal Document

Reset Form

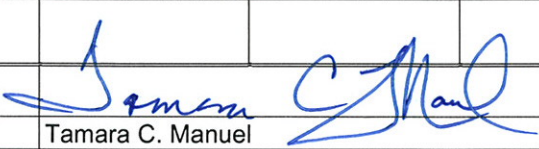
**1. Reserved for Insurance
Dept. Use Only****2. Insurance Department Use only**

- a. Date the filing is received:
- b. Analyst:
- c. Disposition:
- d. Date of disposition of the filing:
- e. Effective date of filing:
- | | |
|------------------|--|
| New Business | |
| Renewal Business | |
- f. State Filing #:
- g. SERFF Filing #:
- h. Subject Codes

3. Group Name	W. R. Berkley				Group NAIC #	0098
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Continental Western Insurance Company	IA	10804	42-0594770			
Union Insurance Company	IA	25844	47-0547953			
Acadia Insurance Company	NH	31325	01-0471706			

5. Company Tracking Number	08-IL-FM-3
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Tamara C. Manuel	Filings Analyst	800-444-0049	972-719-2348	tmanuel@usic.com
7. Signature of authorized filer				
8. Please print name of authorized filer		Tamara C. Manuel		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	35.0 Interline Filings
10. Sub-Type of Insurance (Sub-TOI)	35.0002 Commercial Interline Filings
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Interline ISO Forms
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 11/1/08 Renewal: 11/1/08
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Reference Organization (if applicable)	ISO
17. Reference Organization # & Title	CL-2006-OLOB1
18. Company's Date of Filing	8/8/2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	08-IL-FM-3
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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Continental Western Insurance Company, Union Insurance Company and Acadia Insurance Company propose to adopt the Insurance Services Office Reference Document Number CL-2006-OLOB1 for all policies effective November 1, 2008.

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Our check for \$50 will be mailed shortly.

If you have any questions, please call me at 800-444-0049, extension 2843. My fax number is 972-719-2348 or my email address is tmanuel@usic.com

[View Complete Filing Description](#)

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:

Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1